



## **ADVANCED PRACTICE APPROVAL INFORMATION AND INSTRUCTION SHEET**

Please read **before** completing the application.

On January 1, 2003, legislation (Senate Bill 1402) became law that requires occupational therapists offering services in hand therapy, physical agent modalities, and/or swallowing assessment, evaluation or intervention to demonstrate, through post-professional education and training, that they are competent to do so. This legislation became operative on **January 1, 2004** and implementing regulations took effect **March 9, 2004**.

Approval in an advanced practice area demonstrates entry-level competency in the area approved. Approval does not represent expertise in this area and should not be misrepresented as such. Pursuant to Title 16, California Code of Regulations, Section 4170(f)(1) of the Ethical Standards of Practice, occupational therapists are required to accurately represent their credentials, qualifications, education, experience, training, and competency. Further, Section 4170(d) states that occupational therapists shall perform services only when they are qualified by education, training, and experience to do so.

Definitions for hand therapy and physical agent modalities are contained in the Occupational Therapy Practice Act (OTPA) section 2570.2(l) and (m) and subject matter requirements are identified in section 2570.3(e) and (f). Subject matter requirements for swallowing assessment, evaluation or intervention are specified in Title 16, California Code of Regulations (CCR) section 4153. Both the OTPA and CCR are available on the Board's web site under the Laws and Regulations link. These requirements are also attached for your reference on page 4 of these instructions.

A panel of experts will review your application for compliance with the OTPA and applicable regulations. You will be notified as quickly as possible if additional information is needed. Once your application has been approved, you will be issued a new pocket license in approximately 2-3 weeks. You can also verify your advanced practice approval through the "License Verification" link on the Board's web site. Advanced practice approval does not expire. There is no additional renewal fee required at the time of license renewal, and there are no additional continuing competency requirements associated with approval.

### **INSTRUCTIONS**

#### **Section I: Personal Data - Page 1**

Designate which advanced practice area you are applying for. If you are applying for approval in more than one area, a separate packet **must** be completed for each area. Complete all boxes within this section. Please provide your name as it is shown on your OT license.

#### **Section II: Affidavit – Page 1**

Your application is signed under penalty of perjury that all information contained therein is true and correct. Sign and date the application.

#### **Section III – Post-Professional Education – Pages 2 and 3**

Post-professional education **must** reflect the subject matter requirements for the advanced practice area(s) you are applying for. The subject matter requirements for all areas can be found on page 4 of

these instructions. **Please submit documentation of only those courses that directly relate to the advanced practice area for which you are applying. An occupational therapist providing hand therapy services using physical agent modalities or an occupational therapist providing swallowing assessment, evaluation or intervention using electrical stimulation must also comply with the requirements for physical agent modalities.** A maximum of 8 contact hours completed for physical agent modalities may be credited toward the education requirements for hand therapy approval. There is no other overlap of education allowed.

Please complete and submit a separate Post-Professional Education Form for each course. Indicate the advanced practice area the course pertains to, the name of the course, number of contact hours awarded, name of the course provider, date completed, and provide a statement of learning. The statement of learning should reflect what was learned, how that knowledge will be applied in practice, how the course has changed or validated your practice and how you have become more competent because of the course. The statement of learning must demonstrate an understanding of all of the subject areas found on page 4 of these instructions. **You must provide a statement of learning for each course submitted. Post-professional education courses will not be credited without a statement of learning.**

**All education and training must have been completed within the five (5) years immediately preceding the date on which you submit your application.**

#### **Section IV: Post-Professional Training – Pages 4 and 5**

Post-professional training must reflect the subject matter requirements for the advanced practice area(s) you are applying for. The subject matter requirements for all areas can be found on page 4 of these instructions. **Please only submit documentation of on the job training that directly relates to the advanced practice area for which you are applying. An occupational therapist providing hand therapy services using physical agent modalities or an occupational therapist providing swallowing assessment, evaluation or intervention using electrical stimulation must also comply with the requirements for physical agent modalities.** A maximum of 60 hours of supervised on the job training, clinical internship or affiliation, paid or voluntary, completed for physical agent modalities may be credited toward the requirements for hand therapy approval. There is no other overlap of training allowed.

The Post-Professional Training Form must be completed by your supervisor. You must use a separate form for each training site. On the job supervised training, clinical affiliations, or internships can include many activities including, but not limited to, caregiver training, team collaboration, patient evaluations, assessments, treatments, chart review, etc.

Provide your supervisor with the Post-Professional Training Form and a copy of the subject matter requirements for each advanced practice area so he/she can address how your training meets those requirements. The subject matter requirements can be found on page 4 of these instructions. Once your supervisor has completed this section, he/she will return it to you for inclusion in your application packet. Submit only as many forms as needed to verify the requisite hours of experience. **Do not submit this form separately - it must be submitted with your application packet.**

**All education and training must have been completed within the five (5) years immediately preceding the date on which you submit your application.**

**Section V(a)(b)(c) – Post-Professional Education and Training Summary Sheet – Pages 6, 7, 8**

These forms are a summary of the education and training completed for each advanced practice area. Please complete the form(s) as directed and place it **on top** of the Education (Section III) and Training (Section IV) forms.

Please place your application packet for advanced practice in the following order:

- Section I & II (page 1).
- Section V – Post-Professional Education and Training Summary Sheet (page 6, 7, or 8 depending on the advanced practice area you are applying for.)
- Section III – Post –Professional Education Form (pages 2 and 3). Use 1 form for each course. Remember to include a statement of learning and your certificate of completion.
- Section IV – Post-Professional Training Form (pages 4 and 5). Use 1 form for each site. This form **must** be completed and signed by your supervisor at each site listed.

Send your completed application to: California Board of Occupational Therapy  
444 North Third Street, Suite 410  
Sacramento, CA 95814

Application processing time is 4 to 6 weeks. You will be notified as soon as possible if additional information is needed. Once your application has been approved, you will receive a new pocket license that identifies the advanced practice area(s) in which you have been approved.

**The Advanced Practice Review Committee needs to get a very clear picture of your post-professional education and training. Please remember that post-professional education does not include education received while enrolled in your entry-level college university degree program and post-professional training does not include the fieldwork portion of your degree program. However, if you took an elective in an advanced practice area that was not part of your core curriculum, it may count towards the post-professional education requirements. You would still complete Section III and Section V and provide a copy of your transcripts as proof of completion.**

If you have questions, please contact April Freeman at (916) 322-3278 or e-mail the Board at [www.cbot.ca.gov](http://www.cbot.ca.gov).

## **Subject Matter Requirements for Post Professional Education and Training**

**“Hand Therapy”** is defined in Occupational Therapy Practice Act (OTPA) section 2570.2(l) as “the art and science of rehabilitation of the hand, wrist, and forearm requiring comprehensive knowledge of the upper extremity and specialized skills in assessment and treatment to prevent dysfunction, restore function, or reverse the advancement of pathology.”

The subject matter requirements for post-professional education and training for Hand Therapy (OTPA section 2570.3(e)) are:

- (1) Anatomy of the upper extremity and how it is altered by pathology.
- (2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.
- (3) Muscle, sensory, vascular, and connective tissue physiology.
- (4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces.
- (5) The effects of temperature and electrical currents on nerve and connective tissue.
- (6) Surgical procedures of the upper extremity and their postoperative course.

**“Physical Agent Modalities”** are defined in OTPA section 2570.2(m) as “ techniques that produce a response in soft tissue through the use of light, water, temperature, sound or electricity. These techniques are used as adjunctive methods in conjunction with, or in immediate preparation for, occupational therapy services.

The subject matter requirements for post-professional education and training in the use of Physical Agent Modalities (OTPA section 2570.3(f)) are:

- (1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.
- (2) Principles of chemistry and physics related to the selected modality.
- (3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.
- (4) Guidelines for the preparation of the patient, including education about the process and possible outcomes of treatment.
- (5) Safety rules and precautions related to the selected modality.
- (6) Methods for documenting immediate and long-term effects of treatment.
- (7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.

**“Swallowing”** is defined in California Code of Regulations (CCR) section 4150 as “the passage of food, liquid, or medication through the pharyngeal and esophageal phases of the swallowing process.”

The subject matter requirements for post professional education and training in Swallowing Assessment, Evaluation, and Intervention (CCR section 4153(b)) are:

- (1) Anatomy, physiology and neurophysiology of the head and neck with focus on the structure and function of the aerodigestive tract.
- (2) The effect of pathology on the structures and functions of the aerodigestive tract including medical interventions and nutritional intake methods used with patients with swallowing problems.
- (3) Interventions used to improve pharyngeal swallowing function.



**APPLICATION FOR ADVANCED PRACTICE APPROVAL**  
(Please read the *Information and Instruction Sheet* before completing the application.  
Print clearly or type all information.)

Indicate the advanced practice area(s) for which you are applying.

- ☐ Hand Therapy  
☐ Physical Agent Modalities  
☐ Swallowing Assessment, Evaluation and Intervention

Board Use Only

**Section I: Personal Data (Please Complete All Boxes)**

A. Last Name		B. First Name		C. Middle Name
D. Residence Address (Street No., Apt No.)		City	State	Zip Code
E. OT License No.	F. Home Telephone No. (    )	G. Business Telephone No. (    )	H. E-Mail Address	

**Section II: Affidavit**

I hereby declare that I am the person named in this application and that I have read the complete application and know the contents thereof. **I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct.** I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto, is sufficient grounds for denial, suspension or revocation of a license to practice as an occupational therapist in the State of California.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Information Collection and Access – The Board's executive officer is the person responsible for information maintenance. Business and Professions Code section 2570.18 gives the Board authority to maintain information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for advanced practice approval. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.

Approval in an advanced practice area demonstrates entry-level competency in the area approved. Approval does not represent expertise in this area and should not be misrepresented as such. Pursuant to Title 16, California Code of Regulations, Section 4170(f)(1) of the Ethical Standards of Practice, occupational therapists are required to accurately represent their credentials, qualifications, education, experience, training, and competency. Further, Section 4170(d) states that occupational therapists shall perform services only when they are qualified by education, training, and experience to do so.

**Section III: Post-Professional Education (Copy this form and use a separate form for each course)**

Course applies to: ☐ Hand Therapy ☐ Physical Agent Modalities ☐ Swallowing Assess/Eval/Intervention

Name of Course: \_\_\_\_\_

Number of Contact Hours: \_\_\_\_\_

Name of Course Provider: \_\_\_\_\_

Date Completed: \_\_\_\_\_

(Course must have been taken within the 5 years immediately preceding your application for approval.  
A Copy of Certificate of Completion must be attached.)

**STATEMENT OF LEARNING (Please print or type clearly). The statement of learning must demonstrate an understanding of all of the subject areas listed on page 4 of the *Information and Instruction Sheet*.**

**1. Explain what you learned in this course:**

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**2. Explain how you applied that knowledge in your practice:**

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**NOTE TO SUPERVISOR:** You are being asked to complete this form for an occupational therapist seeking advanced practice approval in: ☐ Hand Therapy; ☐ Physical Agent Modalities; ☐ Swallowing Assess/Evaluation/Intervention. You should have also been provide with a copy of the subject matter requirements for each advanced practice area so that you can properly address how the occupational therapist's training meets the requirements. Please complete this form and return it to the occupational therapist so that it can be included in his/her application packet. **Please only document on the job training that directly relates to the advanced practice area for which the occupational therapist is applying.**

Name and Address of Facility where Training Occurred: \_\_\_\_\_  
\_\_\_\_\_

Please describe the occupational therapist's on-the-job training, clinical internship or affiliation as it relates to the subject matter requirements for the advanced practice area and identify the knowledge, skills and abilities demonstrated by the therapist:

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#### **Section IV: Post-Professional Training (Cont).**

This training represents \_\_\_\_\_ hours of experience in the advanced practice area acquired between \_\_\_\_\_(month/day/year) and \_\_\_\_\_ (month/day/year).

By signing below, I certify that the hours listed here are true and correct to the best of my knowledge and that I have personally verified them for accuracy. I am aware that my inaccurate or false representation of these hours may lead to penalties, including, but not limited to, the Board of Occupational Therapy's refusal to accept further verification from me.

Supervisor's Name and License Type: \_\_\_\_\_

Supervisor's Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Supervisor's License No.: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Please Note:**

- **Applicants should submit only as many forms as needed to verify the requisite hours of experience.**
- **The experience listed on this form must fall within the five years immediately preceding application for advanced practice approval.**
- **This form must be submitted with the application and should not be returned separately.**

**Section V(a): POST PROFESSIONAL EDUCATION AND TRAINING SUMMARY SHEET – HAND THERAPY:**

HAND THERAPY EDUCATION (Minimum of 45 Contact Hours Required\*):

# of Hours	Course Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	<b>Total Contact Hours</b>

HAND THERAPY TRAINING (Minimum of 480 Supervised Hours Required\*):

# of Hours	Name of Facility:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	<b>Total Supervised Hours</b>

**\*Eight (8) hours of education and sixty (60) hours of supervised on the job training in physical agent modalities can be applied towards meeting the education and training requirements for hand therapy. No other courses or hours can count for advanced practice approval in both hand therapy and physical agent modalities.**

**Section V(b): POST PROFESSIONAL EDUCATION AND TRAINING SUMMARY SHEET – PHYSICAL AGENT MODALITIES:**

PHYSICAL AGENT MODALITIES EDUCATION (Minimum of 30 Contact Hours Required\*):

# of Hours:      Course Title:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	<b>Total Contact Hours</b>

PHYSICAL AGENT MODALITIES TRAINING (Minimum of 240 Supervised Hours Required\*):

# of Hours:      Name of Facility:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	<b>Total Supervised Hours</b>

**\*Eight (8) hours of education and sixty (60) hours of supervised on the job training in physical agent modalities can be applied towards meeting the education and training requirements for hand therapy. No other courses or hours can count for advanced practice approval in both hand therapy and physical agent modalities.**

**Section V(c): POST PROFESSIONAL EDUCATION AND TRAINING SUMMARY SHEET – SWALLOWING ASSESSMENT, EVALUATION AND INTERVENTION:**

SWALLOWING ASSESSMENT, EVALUATION OR INTERVENTION EDUCATION (Minimum of 45 Contact Hours Required):

# of Hours:      Course Title:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	<b>Total Contact Hours</b>

SWALLOWING ASSESSMENT, EVALUATION AND INTERVENTION TRAINING (Minimum of 240 Supervised Hours Required):

# of Hours:      Name of Facility:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	<b>Total Supervised Hours</b>

**Please Note:** If you use electrical stimulation as part of your swallowing assessment, evaluation, or intervention treatment, you must also comply with the requirements for physical agent modalities.